



**Department of Finance & Administration
Office of Accounting**

COST CENTER REQUEST/FUNDS MANAGEMENT ASSIGNMENT - FORM FI0008

Cost Center No: _____

Valid from Date: _____ Valid to Date: _____

Cost Center Name: _____

Cost Center Description: _____

Person Responsible (Agency Name): _____

Cost Center Category: ☐ Operating (O) ☐ Cost Pool (C)

Cost Center Address:

Location (City) _____

Region (State) _____

Postal Code (Zip) _____

Does cost center require budget control at level lower than appropriation? ☐ Yes ☐ No

Funds Management Assignment:

Fund Center _____

Fund _____

Hierarchy Area: _____

Business Area: _____

Functional Area: _____

Currency: **USD**

Contact Person: _____

Phone number: _____

E-mail Address: _____

Remit Form to:

Office of Accounting, P. O. Box 3278, 1509 W 7th, Room 403, Little Rock, AR 72203

E-Mail: Linda.griffin@dfa.state.ar.us or Melanie.hazeslip@dfa.state.ar.us

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